## \*FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000055	5 (0
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LOEWEN GROUP INC.

## **FILED** Jan 27 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address						a taminom issu sasim dinin annin donin notti des	iel Maill da	iği Bilği Bil	DI BINE IDDE			
50 E RIVER CENTER BLVD #800 50 E RIVER CENTER BLVD # COVINGTON KY 41011 COVINGTON KY 41011-1650												
						3. Date Incorporated or Qualified 02/01/1996	3a. Dat	e of Last	Report			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	Applied For			
21		26 4126 Norland	Avenue	<u> </u>		61-1206758			Vot Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	]	Fee Required				
City & State		City & State  28 Burnaby, B.C.				6. Election Campaign Financing Trust Fund Contribution			D May Be d to Fees			
Zip	Country	Zip		intry	ı	8. This corporation has liability for inta			s. 199.032,			
24	25	29 V5G 3S8	30 C	an	ada		es _					
	9. Name and Address of Currer	nt Registered Agent		81	Nome	10. Name and Address of New Regis	tered A	gent				
	CORPORATION SYSTEM			•	Name							
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				62	Street Addre	Address (P.O. Box Number is Not Acceptable)						
				83								
				84	City			85 Zip	Code			
							FL					
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig-	of Florida. Such change was	authorize	d by	the corporation	oration submits this statement for the purp on's board of directors. I hereby accept the	oose of o he appo	changing intment a	its registered s registered			
SIGNATURE												
	Signature: typeo or printed name of registered age			d Age	ent signature require		DATE	D.D.D.D.D.D.				
12.	T	D DIRECTORS DELETE	13.	71.5		ADDITIONS/CHANGES TO OFFICER AS		Change				
TITLE	D DAVIOND	F-1 Dereit	1.1 TJ		1 -	Simothy A. Birch	L	Creatige	XX Addition			
NAME	LOEWEN, RAYMOND L		12 N		8	300-50 E. RiverCenter Blvd.						
STREET ADDRESS	4126 NORLAND AVE	#####	- 1			Covington, KY 41011						
CITY-ST-7IP	BURNABY, B.C., V5G 3S8 KYK	DELETE			T-ZIP		·	Change	Addition			
1-11/2	D D	F"" DEFEIG	2.1 (1	-		NS Craig R. Bush	·	change	4 Woniton			
NAME	HYNDMAN, PETER S		22 N		8	300-50 E. RiverCenter Blvd.						
STREET ADORESS	4126 NORLAND AVE	44844vv				Covington, KY 41011						
CITY - ST - ZIP	BURNABY, B.C., V5G 3S8 ***	DELETE			ST - ZIP	/P		Change	** Addition			
TITLE	P HOCENIKAND TIMOTUV D	[] OLECIE	3.1 Ta		ι ,	Michael Stache		I OIMHYC	ATT VOORBUIL			
NAME OTDEET ADDRESS	HOGENKAMP, TIMOTHY R 50 E RIVER CENTER BLVD #8	200	3.2 N		3	3190 Tremont Avenue						
STREET ADDRESS		UU .				revose, PA 19053-6693						
CITY - S1 - ZIP TIT <sub>L</sub> E	COVINGTON KY 41011	DELETE	3.4. € 4.1 Ti		ST-ZIP	5/T		Change	Addition			
NAME	*	[_] DCCLIC	4.21		1 -	Michael L. Schweer	,	And Audulfo	Namoni			
	Cashner, Jeffrey 801 Teas RD		1			800-50 E. RiverCenter Blvd.						
STREET ADDRESS	CONROE TX 77303					Covington, KY 41011						
CITY-ST-ZIP TITLE	V	DELETÉ	5.1 T		it-ZIP	AS		Change	Addition			
NAME	MAYES, HERBERT A	CT prefit	5.2 N			L. Christopher Middleton		Villarigo Carro	AND CHURCH			
STREET ADDRESS	134 N HENRY ST				8	00-50 E. RiverCenter Blvd.						
	MORRISTOWN TN 37814					Covington, KY 41011						
CITY - ST - ZIP TITLE	·····	DELETE	5.4 C		T-ZIP	NS		Change	Addition			
NAME	V	F-1 percit	62 N			as Paula McNaughton		change	ALL AUGUIDII			
ŀ	SCHAEFER, F. DUANE 8303 KATY FRWY		4		Annece 4	126 Norland Avenue						
STREET ADDRESS					-	Burnaby, B.C. Canada V5G 3	58					
CITY-ST-ZIF	HOUSTON TX 77024		6.4 C	IIY-S	ST - ZIP							

I do horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or rife receiver or trustee employeered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Peter S. Hyndman HEQUIRED

(604) 299-9321

1/13/97